

EQUIPMENT COMPETENCY EVALUATION FORM

Operator Name: _____

Date: _____

Department: _____

 Job Function/ Reason
 for needing Equipment: _____

 Make/Model of
 Equipment: _____

Instructions: Observe the performance of the operator in the workplace and select the appropriate box next to the task being evaluated. A total “Satisfactory” score of at least 90% is required to successfully pass the practical exam.
Note: Each unsatisfactory rating must be reviewed with the operator at the end of the evaluation and the operator should place his or her initials beside the task that was reviewed. Operators that did not receive a passing score must receive further training before retaking the practical exam.

TASK PERFORMED		N/A	Satisfactory	Not Satisfactory
1.	Don proper PPE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Identify the locations of all controls and e-stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Change/replace cutting tools, blades, and/or grinding wheels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Properly adjust/position guards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Properly secure the work piece.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Turn on the equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Operate equipment at the proper speed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Proper shut down of the equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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TASK PERFORMED	N/A	Satisfactory	Not Satisfactory
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observer Name: _____

Observer Signature: _____

Date: _____

Score:

Observer comments:

<i>I've had an opportunity to ask questions and I understand the information presented, including any tasks I did not perform satisfactorily.</i>	Employee Initials
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